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CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Infantile Paralysis and its Resulting Deformities. By RICHARD BARWELL, F.R.C.S., Surgeon to Channing-Cross Hospital.

GENTLEMEN: Before showing you one or two cases and reading to you certain short extracts from my note-book, it seems desirable that I should define the class of malady which I intend to bring before you. Infantile, like adult, life is liable to certain diseases of the brain and spinal cord which result in loss of power in one or more limbs. But, besides these, the infant is subject to a form of paralysis unattended by any symptom of illness—certainly of severe illness; and this, the class of case I propose for your study, being peculiar to the infant, alone deserves the name of "infantile paralysis." Other paralytic maladies, whether occurring

in senility, in the prime, or in infancy, should be classed in the categories of meningitic, myelitic, lead-poisoning, traumatic, or other form of disease. But to enable us to separate one thing from a heap of others, we must have means of recognizing that single object whenever we may see it. Hence there devolves on me the ungrateful task of making a definition out of mere negatives; for the typical, and, in my experience, the common, form of the disease is, that the child should be put to bed perfectly well at night, and next morning be taken up with loss of power over a limb or part of a limb, yet otherwise quite well or only very slightly ailing.

For example: This child, Eva H., aged thirteen (March, 1871), looks extremely healthy, except that she is lame from paralysis of the left leg. Her mother, an intelligent, clear-headed woman, says: "When she was about eighteen months

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old I took her out of bed one morning and put her on the floor to walk. She tumbled down. I thought she was stupid, and put her on her feet again. She fell at once, and I then found her leg was paralyzed. She was not at all ill or fretful, either the night before or that morning; but I think that side of her body was perhaps a little tender."

Agnes P., whom you have often seen, was, when she first came, nine months old, a plump and as healthy a baby as ever I saw, except loss of power in the deltoid of the right arm. The mother says: "Two months ago I took the baby out of bed, and it did not move the arm. I showed it to the doctor, and he said the child must have been hurt. I do believe the girl I had then, lifted it up by the arm; but the baby did not cry either the night before or that morning more than usual. She always cried when she was being undressed and washed. I observed no difference in that, and she seemed quite well."

One more history from my note-book:—

Louisa R., brought to me in April, 1870, when seven years and a half old, with foot deformity resulting from paralysis. Her mother, an active-minded and very acute woman, says that one very hot day, when the child was about eight months old, she was put asleep under a tree on the lawn, and on a damp cushion. The next day she was taken up with the right leg paralyzed. The child had not then any sign of illness whatever, and always has been, with that exception, a strong, healthy girl.

Of such cases and histories I could give you almost an unlimited number. Some attacks may have been preceded for an hour or two, perhaps even for a day or two, by some slight disturbance, fretfulness, a hot skin or mouth, even a slight convulsion. On the morning of the discovery there may be some evidence of pain in the affected limb, some feverish disturbance, and the disease itself may affect a larger or smaller portion of the body. But the more the history and concomitants depart from the type which I have given above, the more any disturbance approaches absolute illness—espe-

cially if convulsions have been frequent and severe—the more the stricken regions resemble the relationship of hemiplegic or paraplegic parts, the more likely is the case to be an example of myelitis or meningitis, and the less likely to belong to the pure infantile paralysis, which, as you have seen, does not exhibit a single symptom of central nervous disease.

I feel bound to insist strongly on this distinction, because medical opinion has of late years more and more agglomerated around the idea, fallacious in origin and in result disastrous, that all these cases are dependent on cerebral or spinal disease. Heine, Fliess, Laborde, Radcliffe, and many others, have upheld this notion; and I must shortly point out what essential differences separate this disease from spinal affections. But first, as to pathological appearances. Only seven cases of anatomical investigations have been published. In four of these nothing was detected; in one, that of Dr. Fliess (*Journal für Kinderkrankheiten*), was found a congestion which, emanating from the gums of the teething child, was continued on to the membranes of the cord. It need hardly be pointed out that the preconceived ideas which aided this description are more easily comprehensible than the anatomy of the congestion. To the other two post-mortem examinations I must unfortunately also take exception, for the two cases which form the groundwork of Dr. Laborde's treatise, "*La Paralysie (dite Essentielle) de l'Enfance*," are cases respectively of myelitis and meningo-myelitis, with their characteristic histories and symptoms, and do not belong to the disease under consideration. The absence of illness and of danger to life renders it improbable that morbid anatomy will ever furnish a clue to the causality of this disease; we must, at all events for the present, be content with studies from life.

The children we have now to do with are not ill, have no severe convulsion, insensibility, nor pain; therefore no disease marked by severe symptoms, such as myelitis or meningitis, can be present. But a congestion of the cord does not give rise to any attack of such suddenness and

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severity; it may also be supposed to vanish at death after having produced paralysis in life. There is, too, a certain similitude between congestive and infantile paralysis—such as immunity of the respiratory muscles, bladder, and rectum. Nevertheless, when the condition of a patient with congestion of the spinal cord is compared with a case of infantile paralysis, the observer will not fail to mark a vast difference between the plump limber limbs of the one, and the cold, shrivelled, flaccid muscles of the other. A further investigation into the condition, more especially by various modes of electricity, will render prominent other and more radical differences. A rapid view may best be given by arranging these into opposite columns.

SPINAL CONGESTION.¹

Paralysis incomplete—always at first, and generally throughout the case; it tends, however, to deepen.

Generally paraplegic in form at the end, if not at the beginning. Usually one leg is attacked first, then the other. The malady becomes more extensive as it goes on.

Tingling in fingers and toes.

Shortness of breath not infrequent.

Fluctuations towards better and worse occur in all cases; sometimes these are rather frequent.

There is a decided tendency to relapse, even after the patient appears to have got well.

¹ The symptoms of spinal paralysis are taken from Reynold's System of Medicine, vol. II. p. 663 *et seq.*

INFANTILE PARALYSIS.

Nothing can be more utter and entire than the loss of power at the very commencement; it tends, however, to lighten.

Paraplegic form is not usual at the commencement, still less afterwards. When the disease has attacked one part, it never subsequently affects another. It is most extensive at its commencement.

I have never been able to detect the slightest sign of pain or discomfort. In a few cases there is a little and a doubtful increase of sensibility to touch.

No alteration ever observed in breathing.

No change, backward or forward, ever occurs; if the patient gain a step, he does not lose it again. (Effects produced by treatment are not referred to.)

No tendency to relapse. I have never seen or heard of a limb being paralyzed a second time, nor of another limb being the subject of a second attack.

SPINAL CONGESTION.

Reflex irritability is, according to some authorities, increased—according to others, decreased.

No wasting of paralyzed muscles.

No marked impairment in affected muscle of electro-contraction.

INFANTILE PARALYSIS.

Reflex irritability is so utterly annihilated as to leave no room for variety of opinion.

Extremely rapid wasting of paralyzed muscles, setting in very quickly after the attack.

Remarkable impairment of electro-contraction—indeed, total loss of response to the induced current.

These differences are very marked, and so important that the first six alone appear to separate nosologically the one disease from the other; but it is to the last three that I would especially direct attention. They are physiologically connected in infantile paralysis. The induced current ceases entirely to call forth any contractions of the paralyzed muscles in from twelve to seventy-two hours. At the same time there is developed an abnormal sensibility to the voltaic current. Now this peculiar behaviour never occurs in cases of central paralysis, but is exactly what happens when a nerve supplying a muscle has been divided; moreover, both muscles—i. e., the one whose nerve has been cut and the one paralyzed by this malady—lose all excito-motor contractility. But when a nerve of a warm-blooded animal is cut, the muscle, at first flaccid, becomes very hard and strongly contracted as long as the wound remains unhealed. When this is well the muscle relaxes. The nearer to the spine be the wound the harder and more contracted will be the muscle, and the less rapid is the loss of sensibility to the induced current. If we divide the nerve close to its entrance into the belly of the muscle we find hardly any rigidity, quick loss of galvano-contraction, and rapid wasting. Therefore, if we could go a little further and destroy the nerve absolutely at its distribution among the muscular fibres, we should, in all probability, carry the above three characteristics of infantile paralysis—namely, flaccidity, irresponsibility to faradism, and wasting—as far as they are developed by the disease itself.

It appears impossible to escape the conclusion that infantile paralysis is a

malady purely peripheral, affecting the ultimate nervous fibrillæ of distribution in the muscular elements. I am anxious, gentlemen, that this conclusion be not pushed too far. I am not supposing or imagining any degenerative or structural change in the nerve-fibres as the cause of this malady. The attack is too rapid and too quickly succeeds exposures to warrant such an idea. The essence of the disease probably lies in some subtle derangement of relationship between ultimate nerve and ultimate muscle-fibre; perhaps from some inflammatory, but more probably from a chemical or nutrient change. In after years any amount of tissue degeneration may occur.

Allow me now to refer to a former remark, and to explain its intention. A few paragraphs ago I said that the prevalent notion concerning the central origin of this malady was in its results disastrous, and in saying this I refer especially to the effects produced by loss of time. In the first few hours of the attack the affected muscles are still sensitive to the faradaic or interrupted current. This sensibility rapidly declines, and I am not aware that any use of this force would prevent its extinction. After a time, which varies in different cases, there is established a sensibility to the voltaic or battery current, and it is upon this that we must rely as our chief aid in the treatment of the disease; and a judicious practice, by keeping alive this contractility, preserves the muscle from extreme wasting and degeneration. To wait, with temporizing treatment, or with none at all, until this sensibility is, in its turn, extinct, is the disastrous result of the belief I have combated. Delay in applying the treatment pays a heavy percentage in subsequent difficulty and duration. Very few cases get well of themselves, and tissue change, as evidenced by the wasting, begins almost immediately. If, then, a child, within twenty-four hours of its first attack, do not already show marked signs of recovery, not merely in one or two, but in every muscle, the state of the case should be carefully and rigorously tested by faradization, and again in another twenty-four or forty-eight hours. Any muscle

which, at the end of thirty-six or seventy hours, has ceased to respond, or responds more feebly than at the last examination, will not of itself get well, and to delay treatment is in all probability to condemn the patient to a crippled existence. No disease is so obstinate when old; but while still new, few are more amenable to treatment.—*Lancet*, Feb. 24, 1872.

The Bruit du Diable.—Abstract of a Clinical Lecture by Dr. A. DUCHEK, Prof. of Medicine in the University of Vienna.—There are to be found murmurs in the heart and veins which do not take their origin in organic changes of the heart and the vessels—as, for instance, with men and animals exhausted by loss of blood and attendant anæmia. In the same degree as the loss of blood and the paleness of the skin proceed, these murmurs appear in the heart and the veins of the throat. If we touch, in severe cases, the vena jugularis with the finger, we perceive a continued vibration, like that of a string. This vibration is not interrupted, as we observe it in arteries, but continued. On pressure on the upper part of the vena jugularis, both the perception of the vibration and the acoustic evidence of a murmur disappear, proving it to be merely venous.

The formation of the sounds in the heart is influenced by two agents: the condition of the valves of the heart and the vessels on the one hand, and by the pressure produced by the blood-stream upon them on the other. As we have, in such cases of anæmia, no symptoms permitting us to diagnose changes in the vibrating mediums, we are induced to seek the origin in the cause itself which produces vibration—namely, the pressure of the blood. In disorders attended by these murmurs (as anæmia, chlorosis, loss of blood), the propulsive power of the heart is unchanged, though its contractions are more numerous, while the blood, either in its quantity or quality, is lessened, and consequently the pressure exercised by it in the circulation is diminished too, so that the impulse given by the blood-column is not sufficient to develop in the valves or the arterial walls the amount of

tension necessary for the formation of the sound, which under normal circumstances makes its appearance in these vibrating mediums, but in these cases is lowered into the acoustic impression of a murmur.

In this way we explain the murmur in the heart. It is more difficult to find its cause in the vena jugularis. Some have attributed it to the arteries; but this is contradicted by its disappearance on pressure on the jugular vein, and by its continuity. This bruit is modified by two causes. It grows stronger at regular intervals, corresponding to the pulse, being strengthened by the sound of the carotids; we call these simply moments of reinforcement. The second cause is the respiration, which, when accelerated, influences the murmur.

What is the origin of this murmur? In the heart we explain all sounds and murmurs by vibrating membranes. We shall not suppose that in the veins a whirl of blood is their cause, nor the pushing of the blood against a narrow entrance. The jugular vein behind the insertion of the sterno-cleido-mastoideus is wider than elsewhere, forming the bulbus. Beneath this bulbus are valves in the narrowest part of the vein. These valves have a most important influence upon the whole circulation of blood. The pressure in the thorax being too high, they approach one another, and in this way oppose the further entrance of blood into the thorax. The part above them must be, consequently, dilated, as we remark it in cases of stagnation in the heart, the jugular vein being distended, and the jugulum growing gradually more shallow. The impulse of the blood makes these valvulae vibrate, and causes the murmur. When the blood flows slowly the impulse is too weak, and no murmur is to be heard, just as a slight touch is not sufficient to make a string vibrate audibly. The murmur arises when the valvulae are half opened and put into vibration by a sufficient rush of blood. Another peculiarity is to be mentioned. The bulbus is attached to the clavícula behind the articulatio-sterno-clavicularis; and thus being stretched out, it facilitates the flow of the blood. If the pressure in the thorax increases, by valvular failures,

emphysema of the lungs, &c., the stream flows slowly, and therefore we do not find these murmurs attending disorders of the intra-thoracic organs, and hence the general view that this bruit excludes insufficiency of the valvula mitralis. Another consequence of this fact is, that these murmurs are not to be heard in persons affected by anæmia when they become the subjects of pneumonia, or exudative pleurisy, and that they reappear at recovery. The two necessary requisites, then, are a speedy circulation of blood and a normal pressure of the blood in the thorax. This view affords us also an explanation of the murmur growing stronger when the respiration is more hurried. The thorax being powerfully dilated, the blood rushes in strong streams towards it, strengthening the acoustic impression. When the respiration is impeded, when it must be forced, the circulation loses the necessary quickness, and the vibration of the valvulae becomes inaudible.

These murmurs are very rarely to be found along with mechanical changes in the heart. They accompany similar murmurs at the ostia, which are always systolic, never diastolic. They may be perhaps diastolic, but only in the most severe disorders of this kind, where it is impossible to distinguish whether there is only one continued murmur or whether the systolic and diastolic murmur meet and run into one another.—*Lancet*, Feb. 3, 1872.

HOSPITAL NOTES AND GLEANINGS.

Ascites Complicating Ovarian Disease.—M. R., æt. 51, widow, mother of seven children, was admitted into the Royal Infirmary, Edinburgh, Nov. 18th, complaining of pain and swelling in the belly, and indigestion. She first remarked the swelling of her belly eight or nine weeks ago; it has increased rapidly since then, and gives rise to pain and inconvenience. Her monthly periods were regular up to the time of the commencement of her present illness, but they have been absent since then.

Present Condition.—The belly measures forty-five inches, the tape being passed

around it over the most prominent part, which is the umbilicus. On palpation and percussion in the usual manner the swelling is found to be caused by fluid, free in the peritoneal sac. No cardiac or other local disease could be discovered to account for the presence of the ascitic fluid.

November 17.—Patient was tapped to-day. Twenty-two pints of fluid of a greenish colour were drawn off. It is found to have a specific gravity of 1020; reaction alkaline; when heated, or on adding nitric acid, it almost entirely coagulates. On keeping this fluid, no coagulum is formed, but a deposit is observed, which, on microscopic examination, is seen to contain round granular cells, varying in size, and generally possessing a nucleus and granular contents. Some of these cells are four times as large as an ordinary red blood-corpuscle. After the tapping, a hard, irregular, nodulated mass is felt, occupying the right iliac fossa, near the site of the right ovary; it is freely movable.

Remarks.—This patient was sent into the hospital, said to be suffering from ovarian dropsy. The great bulk of the fluid, however, was at once made out to lie free in the abdominal cavity, to be what is ordinarily called ascitic. Cases of ovarian dropsy are generally accompanied by some amount of ascites, but in the great majority of them it is trifling, in small quantity. On manipulating over an ovarian cyst, the woman lying on her back, you can generally make out the rounded margin of the cyst-wall, where the dulness of it should end; but the dulness of the free fluid in the abdominal cavity may run into it, and you may thus be unable to distinguish between the two. Place the woman on her side, however, and then the dulness is observed to end at the rounded margin of the tumour, the ascitic fluid having gravitated towards the other side, and what was before dull on percussion is now found to be resonant. Instead of the ovarian dropsy, it was the ascites which predominated in this case. On tapping, it was found to measure twenty-two pints and a half. After tapping was performed, an ovarian tumour

was detected, which before was not recognized. The large amount of ascites was probably owing to the disease being, in all likelihood, malignant. Malignant disease seems to cause a great deal more irritation of the peritoneum than simple ovarian tumour. In ordinary cystic disease of the ovary we occasionally observe tubercular peritonitis to be present along with it more frequently than would happen should there be no irritation of the peritoneum, such as is caused by an ovarian tumour. The opinion that the case before us is probably malignant in its character, is founded on the following considerations: 1st. The cachectic condition of the patient—the sallow, anæmic appearance of her face. In advanced ovarian dropsy which is not malignant you have considerable emaciation present, especially about the face, neck, and breasts; but otherwise the general appearance may be healthy. 2d. The feeling and history of the tumour itself. It has a very irregular, hard, nodulated feeling; no big cyst present. There is no definite shape, but merely a series of irregular lumps. It is growing slowly. The age of the patient (51) gives some countenance to the diagnosis.—*Med. Times and Gaz.*, Feb. 17, 1872.

Bullet Wounds of the Bladder.—Dr. A. E. BARKER communicated to the Surgical Society of Ireland, Feb. 2, 1872, the following case of this observed in the Klinik of Dr. Busche, Surgeon General in the late war.

P. S., a young soldier, æt. 24, was wounded in the battle of Bapaume, on the 3d of January, 1871. Three balls had entered almost, if not quite, simultaneously in different parts of the right gluteal region. The two lowest openings were about three inches from one another, the third about an inch and a half above a line joining the two lower ones. Two of the balls had evidently left the body, and, strange to say, by almost the same opening in the middle of the left groin, just over Poupart's ligament. The wounds showed that they had made their exit within half an inch of each other, causing in their course injuries to the bladder, for the urine flowed copiously through the

openings in the groin. Whether the third had also passed through one of the openings was impossible to say, but it would indeed be an extraordinary coincidence if the three projectiles entering at such a distance from each other and probably in various directions, should have so converged as to nearly meet just when piercing. It is, however, possible. Of course nothing special could then be done, and he was simply placed on his side and attended to in the expectation of seeing the fearful effects of urinary infiltration setting in. This was far from being the case, however, and after the urine had been for some time flowing off solely through the openings in the groin, it began to come *per urethram* and the wounds in the inguinal region healed with the several others in the most healthy manner. The patient then left the Lazaret apparently quite well, but after a considerable space of time complained of difficulty in passing water. On search being made with a sound, a hard body was discovered far back in the urethra. It was carefully grasped with a fine forceps and extracted, proving on examination to be a piece of bone (probably from the os ilium), about half an inch long, and in one part about a quarter of an inch broad. Fortunately it lay in such a position as allowed of its easy removal. In this manner within a short space of time four similar splinters were extracted, each time relieving the difficulty in passing water, and the man enjoyed a period of rest. After a while, however, he began to complain again, and this time of pain in the glans penis, with the other symptoms of calculus; the urine being much altered. On sounding, a tolerably large stone was discovered, apparently of soft consistence, and it now became a question of importance, as well as great interest, Might not the third bullet be the nucleus of the calculus? The uncertainty and impossibility of determining this, and at the same time the probability of its being the case, pointed, of course, to the extraction through the perineum in preference to lithotripsy. As the man's health was already suffering from the distress and bad state of the bladder and urine, it was at once undertaken (Nov. 8,

1871) in the usual manner; but owing to the softness of the stone, and the necessity of grasping it with a small forceps, on account of the prostate being unusually small, the former broke very frequently and slipped, occasioning much delay, the extraction lasting more than half an hour. It was finally removed, however, and the detritus washed out with the irrigator. Then that simple after-treatment, which is always had recourse to here in such cases, and which seems to have so much to recommend its wider adoption, was resorted to, namely: The cut in the perineum washed clean by the stream of water from the irrigator, was allowed to close completely, the legs being brought together, a pledget of charpie moistened in solution of carbolic acid was alone laid over the surface, no catheter or anything else being left in the wound. The patient was then put to bed, lying on his back with his legs flexed on the body and knees flexed over a high pillow, the latter being kept well together, the orders being that whenever he felt the slightest desire to make water he should be helped, in the same position, into a warm bath, and there allow the urine to pass quietly through the opening. The advantages of this method seem so evident, and in all cases were followed by such good results, that they are deserving of mention (if not already known). In this way is avoided the fever produced by the irritation liable to follow from the presence of the catheter in the bladder and wound, the sides of the latter lying together. On the slightest desire to empty the bladder the patient can easily be lifted into the warm sitz-bath, and there do so under water, which has several advantages, first, the air cannot come in contact with either the wound or bladder; secondly, the urine on entering the cut is immediately deprived of its irritating properties, by being diluted and at once washed away, the wound being closed clean by bringing the legs together again. In the same position he is lifted again into bed, the bladder empty, the wound, without having been touched, cleansed from all the pus and urine, and closed from the air. Near the bed of a patient so treated one never perceives the ammoniacal odour

which by those managed in the usual way is commonly present (in spite of the utmost care), owing to the trickling out of the urine and the wetting of the bed-clothes. The only dressing required is a pledget of wet lint. The warm bath, moreover, is in itself most beneficial. With this patient things seemed to go wonderfully well; after a few days the water began to come partially through the urethra, and shortly after ceased to come by the wounds, the latter healing rapidly and cleanly. The condition of the bladder also improved very quickly, and the urine soon became normal, so that in a very short time he would be called almost quite well, when he was attacked with an acute epididymitis on the right side. Under ordinary treatment, however, this too passed away in a few days, and the patient left in good health for his home. The calculus was of the ordinary soft phosphatic composition, and did not contain the bullet as a nucleus.—*The Med. Press and Circular*, Feb. 28, 1872.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Importance of the Absolute Purity of the Agents employed in Chemical Analyses.—A somewhat striking illustration of this is noticed in the *New York Evening Post*, connected with a case recently tried in the superior court of that city.

The matter in dispute was the right to a "trade-mark" for a certain brand of mustard, and Prof. Doremus (whose name often appears on published "certificates" as an analytical chemist) had testified that mustard contains more than eleven per cent. of starch. The *Post* gives the following account of the subsequent proceedings:—

"Two other analytical chemists, one of them Professor Chandler, of Columbia College, alleged that mustard contained no starch. The evidence was in this conflicting condition when both parties rested, and the case was adjourned until the next morning for argument. In the mean time Professor Doremus applied to the counsel of the defendant to move to so far open

the case as to allow him to vindicate by actual experiment in open court the correctness of his statement as to the existence of starch in mustard. The motion was made and granted; and at the appointed time the court-room presented the appearance of a chemical laboratory.

"The Professor, with his assistant, prepared mustard for experiment in open court by pounding the seed in a mortar. He placed the crushed seed in distilled water, and boiled the mixture over a spirit lamp. He then threw some of the solution on sheets of filtering paper, applied his chemical test, and exhibited to the court on the paper the characteristic blue iodide of starch. The experiment was varied in many ways with the same result, and at the end of the testimony many sheets of paper were thus coloured. The demonstration seemed perfect. On Professor Chandler being called to the stand he made experiments which, in his view, demonstrated that starch did not exist in mustard, and stated that he was not satisfied with the experiments that had been made by the defendant's witness.

"'Why,' said the defendant's counsel, 'are you not satisfied with the reaction for starch exhibited by Dr. Doremus on the dozen or more sheets of filtering paper?'

"'I am not certain, to begin with,' said Professor Chandler, 'that the paper would not have produced that reaction without the mustard.' Whereupon the counsel handed to the witness some of the clean paper, and asked him to apply the test to it himself. He did so, and the result was a deep blue, thus showing the illusory nature of the prior tests, and that the experiment was entirely worthless as proof that starch was contained in mustard."—*Boston Jour. Chemistry*, March, 1872.

American Medical Association.—Active measures are being taken by the medical profession of Philadelphia to insure a pleasant visit to their guests at the ensuing meeting of the American Medical Association. The programme, as now arranged, comprises a reception similar in character to the one given in May, 1870 (see *Med. News*, June, 1870, p. 90), by the Biological Section of the Academy of

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Natural Sciences, and a promenade concert at Horticultural Hall on Tuesday evening, May 7th. On Wednesday and Thursday evenings, in addition to the usual private entertainments by citizens, there will be given very interesting lectures on the spectroscope, gas microscope, the recent discoveries in electricity and galvanism, etc. And on Friday the members of the Association, with their ladies, will make an excursion to Fairmount Park, and along the banks of the Schuylkill.

A visit to the iron-clads at League Island is proposed.

The Alumni of the University of Pennsylvania and of the Jefferson Medical College will each avail themselves of the meeting being held in Philadelphia to have a reunion.

During the sessions of the Association there will be held in the Hall of the College of Physicians an exhibition of objects of interest and instruction, such as recent inventions and improvements in surgical and obstetrical apparatus and appliances, optical, ophthalmological and other instruments of precision, philosophical and electrical instruments and apparatus, new chemical and pharmaceutical preparations, anatomical and pathological specimens, models, and other means of illustration, and new books, prints, and other publications. The chief design of this exhibition, which it is hoped will be held annually hereafter, is to show the recent progress in, and present status of, these respective branches of knowledge and industry. We earnestly hope that gentlemen who have objects of especial interest or recent origin, in these different classes, at their disposal will at once avail themselves of this opportunity to bring them forward, not only for their own benefit, but for that of the profession generally. Contributions are invited from all parts of the country. Any information wished by gentlemen desiring to exhibit may be obtained by addressing Dr. Wm. Pepper, 1215 Walnut Street, or Dr. F. P. Maury, 1218 Walnut Street, Philadelphia.

Philadelphia Hospital, Blockley.—Prof. A. STILLÉ has resigned his office as Visit-

ing physician to this hospital, and the managers have passed a resolution thanking him for the efficient services rendered while connected with the institution.

Dr. JAS. TRYON has been elected visiting physician in place of Dr. Stillé.

Graduates in Medicine in 1872.—

University of Pennsylvania . . .	88
Jefferson Medical College . . .	114
College of Physicians and Surgeons, N. Y.	78
University of the City of New York .	75
Bellevue Hospital Medical College .	129
Ohio Medical College	87
Miami Medical College	67
Rush Medical College (Chicago) . .	77
Med. Dep. University of Buffalo . .	34
Cleveland Medical College, Ohio . .	34
Med. Dep. of Georgetown College .	20
Medical College of Virginia	12
National Medical College (Washington)	7

Mortality from Smallpox in Philadelphia.—

For the week ending March 2, . . .	121
" " " " 9, . . .	118
" " " " 16, . . .	120
" " " " 23, . . .	94

It will be perceived from the above statement that the epidemic of smallpox has very materially diminished in this city.

The Presbyterian Hospital in Philadelphia.—At a recent meeting of the Board of Trustees of this new hospital the following staff were elected: *Consulting Surgeons*, D. Hayes Agnew, M.D., Saml. D. Gross, M.D.; *Consulting Physicians*, J. L. Ludlow, M.D., J. M. DaCosta, M.D.; *Attending Surgeons*, Thos. B. Reed, M.D., Oscar H. Allis, M.D., H. Lenox Hodge, M.D., Wm. G. Porter, M.D.; *Attending Physicians*, Ellerslie Wallace, M.D., S. Weir Mitchell, M.D., James Markoe, M.D., D. F. Woods, M.D.; *Obstetricians*, Robt. M. Girvin, M.D., John S. Parry, M.D.; *Ophthalmic Surgeons*, W. Wallace Maclure, M.D., Geo. Strawbridge, M.D.; *Pathologist*, De Forest Willard, M.D.

Failure of Condurango.—Dr. A. J. STEWART, of Petaluma, records (*Pacific Med. and Surg. Journal*, Jan. 1871) two cases

of cancer unsuccessfully treated by this vaunted specific.

"*Jackson's Cough Syrup*."—It is stated (*Cincinnati Lancet*, March, 1872) that the formula for this preparation has not been uniform, and therefore the Cincinnati College of Pharmacy has recently presented to the Academy of Medicine the following formula as an uniform standard, indorsed by the secretary, Mr. James M. Ayers:—

R. Fluid extract ipecac 3ss.
Fluid extract senega (3) Rad. Senega
to f3j) 5ij.
Fluid extract rhei 3iv.
Syr. simplex 3xxxj.
Morphia murias gr. viij.
Ol. sassafras gt. xxxij.
M. ft. mistura.

We may remark that this is altogether different from the preparation made in Philadelphia, according to Prof. S. Jackson's formula.

The Western Lancet.—This is the title of a new monthly medical journal, edited by Drs. Eustace Trenor and Herman P. Babcock, of which only the second number, published in February last, has reached us. That number is very neatly gotten up, and contains some interesting papers. We wish this new candidate for professional support success, and welcome it to our exchange list.

L'Union Médicale du Canada.—This is the title of a monthly journal published in Montreal, and edited by J. P. Rorror, M.D. The first number appeared in January last. We welcome it to our exchange list.

OBITUARY RECORD.—Died at Peekskill, New York, Feb. 14, Charles A. Lee, M.D., aged 70 years. Dr. L. was a learned physician and contributed largely to the literature of our profession.

— at Syracuse, New York, Feb. 18, John Foote Trowbridge, M.D., aged 80 years. Dr. T. was a highly esteemed and skilful physician.

FOREIGN INTELLIGENCE.

On Dyspepsia of Liquids.—Dr. THOROWGOOD records (*Lancet*, Feb. 17, 1872) several cases which he considers to be

good illustrations of that indigestion of liquids which has been carefully described by Chomel in his work on Dyspepsia. The affection, in its fully developed form, he does not believe is common in this country, though he has met with several cases in the course of the last few years. The following is one of them: James M'C, aged 30, a pale, dark, intelligent man, came under Dr. Thorowgood's care, complaining generally of dyspeptic symptoms, and especially of the great uneasiness caused by the presence of any amount of liquid in the stomach. Liquids in the slightest degree acid were most distressing to him, and at times he had attacks of sour pyrosis. He complained much of dryness of mouth, with dry skin and costive bowels, urine loaded with lithates, but free from traces alike of sugar or albumen. No loss of flesh; pulse slow and soft; nothing irregular to be found in heart or lungs; no sort of tumour or thickening about pylorus, but on gently vibrating the stomach, fluid was heard splashing about in it, and this sound could be always produced irrespectively of any liquid having been recently ingested. The stomach was much distended. The early treatment of this case consisted in the use of alkalies with bismuth and various bitters, but no improvement resulted: the only noteworthy feature was the effect of a pill of extract of opium at night, which regulated the action of the bowels so completely that the patient asked for the pills as *aperient* pills. It was afterwards agreed that the patient should drink as little as possible, and take no other medicine than a powder of rhubarb and magnesia every morning. From this time he steadily improved, and after about two months' treatment he appeared to be cured, and was, six months afterwards, still in good health. Dr. Thorowgood considers the dry plan of diet the only one likely to be followed by any amelioration of the symptoms; and until this is tried, no medicine will prove of any service. At times fits of faintness, with irregular action of the heart, are prominent symptoms in these cases of dyspepsia of liquids, the cause being due to the distended state of the stomach. The patient must bear

a certain amount of thirst as well as he can, and take but small quantities of liquids at a time, and not drink for an hour or more after he has taken his meal of solid food. Weak whiskey and water, sherry wine, and toast and water, are amongst the least objectionable drinks; and sometimes a small cup of good beef-tea, free from any farinaceous admixture, will suit well. One of his patients found a wineglass of good stout to agree well and relieve his thirst.—*Practitioner*, March, 1872.

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Diagnosis of Syphilis by the Microscope.

—In our preceding number, pp. 46-7, we gave an account of the researches by Dr. LOSTORFER on this subject, communicated to the Vienna Medical Society (Jan. 12, 1872). At a meeting of the same society on Feb. 9, the subject was further discussed. Prof. WEDL contested the accuracy of Dr. L.'s discovery which would be of great importance if confirmed, but he made some researches which did not confirm them. Dr. Wedl had examined specimens both of syphilitic and of healthy blood; and in both he had found the corpuscles described by Dr. LOSTORFER. He had shown these to Dr. Neumann, Prof. Gruber, and Dr. Blau; and each of these, having separately examined the corpuscles, had recognized them as those which had been shown to them by Drs. Grünfeld and LOSTORFER as syphilitic corpuscles. These corpuscles had a diameter ranging from 1-5000th to 1-12500th of an inch; their contour was sharply defined, they refracted light strongly, and had a greenish blue tinge. He believed them to be oily corpuscles; and this opinion was confirmed by observing particles of the same kind in some "mistura oleosa" examined under the microscope. Dr. LOSTORFER had also described other bodies having an irregular form; these Dr. Wedl recognized as portions of the secretion of the sebaceous glands. With regard to the vacuoles, by which the corpuscles were said to become surrounded, he believed that they were the result of a destructive process. The formation of vacuoles was induced by the separation of water, and by carbonate of ammonia,

in septic decomposition of the blood. By heating broken-up human fat with solution of potash, the production of vacuoles could be followed through its stages. The statement that these corpuscles increased in circumference was incorrect. Dr. LOSTORFER had probably lost sight of the corpuscles which he was observing, and had seen other larger ones, which he believed to be the same. That Dr. LOSTORFER did not meet with the corpuscles until several days had elapsed, might be due to their having been rendered indistinct by the presence of a large number of blood-corpuscles. If the latter had been washed out by a stream of distilled water, the others would without doubt have been at once observed. As to the manner in which these fatty particles came into the blood, Dr. Wedl believed that they were derived from the cutaneous secretions. It was impossible to avoid this admixture if a mere puncture of the skin were made; a vein should be opened and the blood withdrawn through a canula, and even then one could not be sure of obtaining it pure. In coming to the conclusion that Dr. LOSTORFER's observation was not correct, he (Dr. Wedl) had kept his eye on the facts, without regard to the person. No one would have rejoiced more than he if the discovery had been proved; it would have been of greater value than the discovery of a new planet; it would have raised the fairest hopes of discovering specific bodies in the blood in other diseases.

Prof. Stricker asked whether the fatty or protoplasmic particles described by Dr. Wedl were identical with those seen by Dr. LOSTORFER. To ascertain this, Dr. Wedl should have examined the latter bodies; until this was done, the matter must remain in suspense. The statement of witnesses, that the corpuscles in the two cases were identical, was not a sufficient guarantee; a competent judgment could only be formed by skilled microscopists. He had examined these corpuscles with the best lenses, and did not venture to assert that they were germs or fungi. He had placed a hundred specimens before Dr. LOSTORFER, who had correctly diagnosed those taken from syphi-

littic patients, with the exception of twenty doubtful cases. He moved that a committee should be appointed to investigate the subject.

Prof. Wedl said that he would have willingly examined Dr. Losterfer's corpuscles for himself, had he not been too much occupied.

Dr. Losterfer asked whether Dr. Wedl had seen the corpuscles in fresh blood. He (Dr. Losterfer) had expressly stated that they first appeared in four or five days. If Dr. Wedl had seen them in fresh blood, he thought that they could not be the same as those which he had described.

Prof. Wedl replied that the corpuscles were present in fresh blood. The reason why Dr. Losterfer did not see them was, that they were overcrowded by the red blood-corpuscles.

Dr. Neumann said that nearly four years ago Hallier described structures in the blood in infectious diseases, and also in syphilis; he said that these gave rise to syphilis, and that their most minute elements penetrated the blood-corpuscles and rendered them diseased. These corpuscles multiplied by division, assuming the characters of *coniothecium*. Hallier had found them in syphilitic paronychia, in condylomata, and in other manifestations of syphilis; Oklotsch had also found traces of them in the skin as well as in the blood. The importance of such a discovery, if it were established, must be very great to the practitioner, in regard not only to syphilis, but to other contagious diseases. He had therefore visited Hallier, in order that he might learn the characters of the syphilitic microscopic cellule. The result of experiments which he made with specimens of blood from persons presenting various forms of syphilis was, that *bacteria* were developed in the blood-corpuscles of the infected blood, which in no respects differed from those developed under similar circumstances in the blood from other contagious diseases even after so long a period as five months, these organisms multiplied in their own form, and, in spite of the addition of various organic and inorganic substances, no fungi were found. Since Dr. Losterfer

had announced his discovery, he (Dr. Neumann) had made fresh investigations, and found that the corpuscles might be developed in various numbers and sizes in different kinds of blood. He had found them in the blood in smallpox, eczema, etc.; and, therefore, they could not be regarded as a specific indication of syphilis.

Dr. Geber had made examinations of the blood in various diseases, having first made himself thoroughly acquainted with the appearance of the corpuscles described by Dr. Losterfer. In company with a colleague, he examined the blood of a variolous patient, and found in it corpuscles quite analogous to those presented in syphilis. He was still engaged in experiments, of which he would communicate the results at a future date.

Prof. Gruber had seen the corpuscles described by Dr. Losterfer and also those described by Dr. Wedl; and he had no doubt of their perfect similarity. If there were any peculiarity in the corpuscles of syphilitic blood, it was too subtle to be detected by the microscope.

The discussion terminated with the appointment of a committee to investigate the subject, consisting of Aulic Councillor Dr. Rokitsansky (President); Professors Brücke, Billroth, Reichert, Karsten, and Klob, and Drs. Bausch and Auspitz. —*Brit. Med. Journ.*, Feb. 24, 1872.

The *Wiener Med. Wochenschrift* says that the above committee have been dissolved, the members appointed having declined to perform the duty assigned them.

Digitalis an Anaphrodisiac.—M. Goussier is publishing, in the *Gaz. Méd. de Paris*, a series of papers on the action of digitalis. In a late number (Dec. 23, 1871) we find the following: "When digitalis or digitaline is administered for some time to a man in full possession of sexual powers, the latter become gradually weakened, the propensities disappear, the secretion of the liquor seminis diminishes by degrees, and may at last vanish altogether. These results are explained by the antiplastic and lowering action of digitalis. The antiphlogistic properties of the drug are the secret of its good

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effect in spermatorrhoea. With women, digitalis and digitaline excite strong, regular, and intermittent uterine contractions, and control metrorrhagia; hence digitalis is employed in exciting abortion. (Tardieu.) It is probable that digitalis acts as an anaphrodisiac in women also; inducing, by long-continued use, impotence and sterility. In men it hinders the secretion of the liquor seminis, and in women it may interfere with the development of the Graafian vesicles, the propagation of the species being thus doubly retarded.—*Lancet*, Jan. 13, 1872.

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On a Form of Fracture of the Bones of the Face, and its Diagnosis.—By M. DUBRIEUL. Certain injuries of the face are followed by anæsthesia of half of the upper lip. Different theories as to the nature of the accident are held. Jarjavay considers it a symptom of fracture of the malar bone; Richet, of the upper jaw bone, and connects the symptoms with a lesion of the infra-orbital nerve. I have dissected two cases of destruction of the infra-orbital nerve, coincident with the following lesions of the bones of the face. The first died so soon after his injury, without ever passing out of his state of coma, that I was unable to assure myself by experiments that the upper lip was insensible; the other lived for a month and a half, and by many experiments I proved the complete insensibility of his left upper lip; he did not feel the entrance of a pin into that part, usually so sensitive. In his case the infra-orbital nerve was completely destroyed at its exit from its canal; in the first it was divided in the centre of the canal. In both cases there was a marked flattening of the zygomatic arch. In both there was a fracture of the malar bone, above the upper jaw bone, at its outer and upper wall, the internal wall and alveolar margin being left entire. Such accidents are the results of antero-posterior violence, such as a fall upon a pointed object, or a severe blow with a fist.—*Edin. Med. Journ.*, Jan. 1872, from *Gaz. des Hôpitaux*, No. 69, 1871.

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Glue Bandage as a Primary Setting for Fractured Limbs.—Dr. GEORGE ROSS, of the

Montreal General Hospital, states (*Canada Med. Journ.*, Dec. 1871) that the use of the glue bandage has been introduced into the Montreal General Hospital within the past three months. The method of applying the bandage he thus describes: Some good suitable glue is procured—the best for the purpose is Cooper's No. 1 white English glue, or else some of the finer sorts in thin sheets, which are manufactured in this country; it is prepared by first soaking in water for an hour or two, and then melting in a common carpenter's glue-pot; also some fine sheet-wadding, and several rollers made of thin cambric or old worn cotton (new cotton is objectionable, for it will not soak up the glue so thoroughly, and will make a less firm bandage). The limb is then entirely swathed in a thin layer of wadding made by splitting the ordinary sheet in the middle to avoid unnecessary bulk, and then whilst carefully held in position by an assistant, the first roller is applied in the ordinary way; this done, it is smeared all over by a brush, or better still by the hand, with a good layer of the melted glue to which one-fifth part of alcohol has been added to accelerate the evaporation. The second roller is then applied, and in like manner coated thickly with glue. Some strips of bandage, ten or twelve inches in length, are then thoroughly soaked in the glue and placed over the seat of fracture, some vertically and others diagonally, so as still further to strengthen this part. The third roller is finally secured over the whole and covered with a thick coating of glue.

It is necessary now to sling the limb so that the air may have equal access on all sides to dry it. I have found that the outside coating will become quite dry in from three to five hours, when the sling may be removed, but the entire thickness of the bandage will not be found entirely consolidated for about forty-eight to sixty hours. After the lapse of this time, the leg is found to be encased in a perfectly fitting boot, more solid than the thickest sole-leather, and can be moved in any direction without pain. In none of the cases has there been any complaint of pain from the swelling that we might expect to find occur shortly

after a fracture had been sustained. On the contrary, the patients have all expressed themselves as feeling extremely comfortable. As soon then as the bandage has completely consolidated, it becomes necessary to split it down the front from one end to the other. Owing to the extreme hardness of the splint, this is a matter of some difficulty, except in the event of one's possessing a pair of powerful properly-constructed bandage pliers: failing this, however, the simplest plan is to slip a very thin piece of wood beneath it, and then cut on this with a sharp strong knife. Having thus split the bandage from end to end, a number of holes are bored on either side with a brad-awl, and a long tape being passed alternately through these, it is laced up like a lady's corset. The apparatus is then entirely complete, and may remain without being touched until union is perfect. The above description might lead some to suppose that the process was long and tedious, and in consequence objectionable, but our small experience with it in this hospital is such as to make us believe that by reason of its increased comfort to the patient, and of the fact that patients can sooner get up with safety with this than any other form of splint, and that it will never get out of order, and consequently never require re-adjustment, the advantages secured by its employment greatly counter-balance any slight trouble that it is necessary to take to insure its proper application at first.

At this hospital, the above-described method has been put into practice in several cases of simple and compound fracture of the leg, and in all with most satisfactory results. In the majority of cases, the patients were permitted to get up on crutches on the third day from the receipt of the accident. In two, it was thought advisable to make use of a box splint for a few days previous to the application of the bandage on account of considerable swelling and rapid vesication.

Artificially induced Epilepsy in Guinea Pigs.—In the course of some recent experiments on the establishment of arti-

ficial epilepsy in guinea pigs, Dr. C. Westphal has been over the same ground as that explored by M. Brown-Séquard, and fully corroborates the results at which the latter observer arrived. He adds, however, some new and interesting facts. Thus he found that if one or two slight blows on the side of the head are given to a guinea pig, they are sufficient to bring on an epileptiform attack, after which the animal again recovers its liveliness, or it remains heavy for some time, and then exhibits a kind of rotatory movement, like those shown by Schiff to occur in rabbits after lesions of the crus cerebri. If the blow be too violent, the animal dies with or without convulsions, but always with arrested respiration, the heart continuing to beat for some minutes, and life may be preserved, though usually only for a time, by artificial respiration. If the animal survives the blows, a similar epileptogenic zone is created as in the guinea pigs treated on M. Brown-Séquard's method by lesion of the medulla oblongata at certain points, or section of the sciatic; and, as in these last cases, the zone is near the angle of the lower jaw. Before the zone is well established, and four weeks are usually required for this purpose, the animals betray the presence of some irritation at this part by frequently scratching it. After it is established, slight pinching will induce tonic and clonic spasms, though the sensibility of the skin is here diminished. The rapidity with which the zone can be established may be increased by striking the animal's head on successive days, and the excitability of the zone endures for a period varying from six weeks to six months. The condition is hereditary. M. Westphal set himself to ascertain the nature of the changes induced by the blow or blows. That the condition is not produced by any alteration in the integuments is shown by the circumstance that the fits occur when the exposed skull is struck. Careful examination of the brain also furnished no clue to the mystery. But on examining the medulla oblongata and spinalis cervicalis, and even sometimes dorsalis, he found small hemorrhages both in the white and gray matter to be of

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constant occurrence, and there was usually also hemorrhage into the sac of the dura spinalis. These small hemorrhages appear to induce the primary attack of epileptiform convulsions, and the changes occurring around them to lead to the formation of the epileptiform zone; but *how* or *why* is not yet capable of explanation.—*Lancet*, Feb. 10, 1872.

Echinococcus in the Orbit.—An interesting case of this disease was brought before the Medical Society of Vienna at the meeting held on Feb. 9th. It had been originally under the care of Arlt, but was transferred to Billroth. The patient was a boy aged thirteen years. He had suffered for two years from a tumour situated at the outer and inferior wall of the orbit, and which, by its gradual increase, pressed the eye inwards and upwards. The tumour was elastic and somewhat fluctuating. The absence of inflammatory symptoms at any period of its growth precluded the idea of an abscess, and it was imagined to be a vascular tumour of some kind; but on the introduction of a grooved needle, clear fluid alone escaped. It was then regarded as a cyst. Sharp inflammation followed the puncture, and, supuration occurring, its excision was determined upon. An incision was made over the swelling, which was found to be situated between the periosteum of the orbit and the connective tissue investing the ocular muscles. The cyst was divided, and a vesicle about the size of a hazel-nut protruded, which was soon recognized to be an echinococcus. This makes the fifth recorded case of echinococcus in the orbit.—*Lancet*, Mar. 9, 1872.

A Mode of Demonstrating Minute Portions of Sugar in the Urine.—Prof. SEEGEN states (*Centralblatt*, No. 5) that even Trommer's test is not very satisfactory where small quantities of sugar only are present in the urine, and that it does not detect such amounts so readily in urine as in watery solutions, since the whitish cloud that is formed when sugar is really present is undistinguishable from that produced by excess of uric acid. He finds that a great increase of sensitiveness can be produced by filtering the urine through blood char-

coal two or three times successively. By this means not only is the colour removed, but the uric acid is almost entirely retained by the charcoal, and then the reduction of the copper by Fehling's test may be very clearly seen. No quantitative estimate of the amount of sugar present can be made after the urine has thus been filtered through charcoal, as a certain portion is retained in the filter.—*Lancet*, March 9, 1872.

Precocious Development.—FLUEGEL describes in the *Bayr. ärztl. Intell.-Blatt* (No. 49, 1871) the case of a female child who died of diarrhoea at the age of five and a half years. She was five feet in height. The incisor teeth had all appeared when she was six months old, and at nine months she had all the molars. At a year and a half old, she menstruated; and, especially in her later years, the periods were tolerably regular. The external genital organs were well developed, without hair; the breasts were full, and the pelvis roomy. The condition of the internal genitalia was not ascertained. As regarded her intellect, she did not appear to be in advance of other children of her age, although she had begun to speak when six months old.—*British Med. Journal*, Feb. 24, 1872.

Dengue.—A severe epidemic of this disease prevails in and around Calcutta.—*Indian Med. Gaz.*, Feb. 1872.

Cholera.—This disease has been prevailing in the district around Calcutta, appearing suddenly in a village, carrying off several of its inhabitants and subsiding. The city itself has been comparatively free.—*Ibid.*

International Ophthalmic Congress.—The Congress will meet, the first week in August next, at the College of Physicians, in London.

OBITUARY RECORD.—Died in Paris, Feb. 15th, of a diabetic affection complicated with derangement of the liver, M. Laugier, aged 78. This eminent surgeon has for the last eighteen years occupied the chair of clinical surgery at the Hôtel Dieu.

HARTSHORNE'S ESSENTIALS.—New Edition, Now Ready.

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This work is so well known to the profession that an extended notice of it would be needless at the present time. The author has made numerous additions and alterations, in such a manner, however, as not to increase the size of the volume—a circumstance which no doubt is thought to add to its value as a text-book. The new articles occur in the discussion of tuberculosis, relapsing fever, and the therapeutic uses of carbolic acid

and the hydrate of chloral, and are generally exhaustive treatises of what is known upon the subject.—*Philada. Med. Times*, Jan. 1, 1872.

Although we had to remark on some deficiencies and a few errors, our opinion of the former edition was very favorable. Of this third issue the same good opinion may be expressed, and we are pleased to find the author has taken note of our remarks, and made the corrections and additions we ventured to suggest.—*British and Foreign Medico-Chirurg. Review*, Jan. 1872.

This little volume is already well and favorably known through its former editions, and is generally acknowledged to be the most comprehensive and useful hand-book ever offered to the profession.—*Chicago Med. Examiner*, Dec. 11, 1871.

This book is from one of the ablest men in the profession. We find it to be decidedly one of the essentials in governing and directing students and practitioners in medicine in the road to success, in combating the various diseases of the human family. It is well arranged under proper heads, containing the remedies, so far as science reveals, to the present time. A complete little volume of this kind contains a fund of knowledge unequaled by any similar publication.—*Leavesworth Med. Herald*, Dec. 1871.

By the same Author.—(Lately Published.)

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